Assumptions underlying draft recommendations:
- "Consumers:" individuals receiving care or helping to provide, manage, or monitor the care of a family member or other loved one.
- Other eHealth workgroups will identify appropriate technology and financial means to implement these recommendations.

Charge	Status	Discussion Date (proposed)
1. Identify HIE and HIT outcomes that are highest priority from the consumer perspective	**Recc#1:** Adopt Markle Foundation *Consumer and Patient Principles for System Design* (see charges #3 & #5 below, labeled MCP 1-7) **Priority areas identified:** (1) Appropriate consumer and provider access to health information; (2) Security of health information; (3) Communication among all parties relevant to patient care; and (4) Decision support that ensures appropriate care. **Note:** Discussions should address all areas delineated by HIPAA (treatment, health care operations, payment, and public health). **Next steps:** (1) Review EHR/HIE components identified by patient care group to identify any privacy concerns and possible consumer-friendly additions. (2) Patient care group will address priority areas outlined above in development of use cases (see charge #5 below)	June 23 meeting

2. Make recommendations on whether health information with special protections will be included in electronic health data exchange and potential limits required on the use and disclosure of information pertaining to (5b):
 	
  ▪ Mental health
  ▪ Alcohol/drug abuse treatment
  ▪ Communicable disease (incl. HIV/AIDs)
  ▪ Genetic testing
	Recc#1: Additional areas to include in discussion of sensitive health information/special protections: (1) Adoption; (2) Developmental disabilities; (3) Sexual assault; and (4) Domestic violence.
	
	Recc#2: Patients should be made aware of the risks and benefits of exclusion (informed consent updated).
	
	Add'l Recommendations will depend on: (1) What is included in exchange; (2) Who has access to the information exchanged; (3) A patient/consumer's ability to influence (or limit) access; and (4) Whether an individual is receiving routine or emergency care.
	
	Note: Wisconsin law currently states that providers *shall* share patient information for treatment purposes (i.e., law change required for opt-out or opt-in of "non-sensitive" health information for treatment purposes)
		July 12 meeting, cont. July 28

Charge	Status	Discussion Date (proposed)
	Next steps: Continue discussion in tandem with data use discussion, focus on developing *broad* recommendations and identifying areas where further discussion/stakeholder input is needed as we move towards implementing the ehealth action plan.	
3. Define acceptable and unacceptable data use policies for oversight purposes, including (5a): ▪ Public health ▪ Research ▪ Maintaining privacy/security ▪ Patient consent/use of data ▪ Patient opt-out provisions ▪ Patient access of own data	**Recc#1:** Adopt Markle Foundation *Consumer and Patient Principles for System Design (MCP 1-7)* **(R1A) Maintaining privacy/security: MCP6**—Electronic health data exchanges must protect the integrity, security, privacy, and confidentiality of an individual's information; **MCP4**—Individuals should receive easily understood information about all the ways that their health data may be used or shared. **(R1B) Patient consent/use of data: MCP2**—Individuals should be able to decide (i.e., authorize) when their health data are shared, and with whom; **MCP3**—Individuals should be able to designate someone else, such as a loved one, to have access to and exercise control over how their records are shared; **MCP5**—Individuals should be able to review which entities have had access to their personal health data. **(R1C) Patient opt-out provisions: MCP2**—Individuals should be able to refuse to make their health data available for sharing (opt-out). **(R1D) Patient access of own data: MCP1**—Individuals should be able to access their health and medical data conveniently and affordably. **Next steps:** (1) Discuss public health and research in tandem with discussion of sensitive health information. (2) Review Markle principles and adjust if necessary.	July 28 meeting
FIRST UPDATE to eHEALTH BOARD: AUGUST 3		
4. Identify outcomes/options that meet consumer	**Discussion topics:** education campaign (including PHR), and	August 21 meeting

Charge	Status	Discussion Date (proposed)
expectations/prepare consumers to manage their own care and advocate for themselves (1).	possible encouragement of patient-provider e-communication.	(? may postpone ?)
5. Define recommended guidelines and real-world examples that clarify how data sharing can balance patient privacy and system security with sharing information to improve patient-centered care (3).	**Discussion topics:** Patient care workgroup chair or staff present use cases; workgroup to discuss use cases in light of recommendations re: data use and sensitive information.	August 21 meeting
6. Understand consumer expectations regarding electronic health data exchange (1).	**Ongoing activities:** Relevant readings that capture consumer perspectives on EHR, HIE, health information privacy, etc. **Next Steps:** Hold listening session, identify key themes from session for inclusion in action plan	September 12 listening session September 20 mtg
7. Identify specific legal actions required for the priorities recommended by the clinical work team, including (5c): ▪ Whether statutory/regulatory amendments are needed ▪ Practical, non-technical strategies and solutions for HIE that ensure secure and confidential exchange		Sept. 20 meeting
8. Review draft and adjust recommendations		October 3 meeting
REVIEW FIRST (FULL) DRAFT OF eHEALTH ACTION PLAN (VIA EMAIL OCT. 9–24)		
9. Finalize recommendations ▪ Governance ▪ Financing ▪ Review draft reccs	**Governance:** MCP7—Independent bodies, accountable to the public, should oversee the electronic health data exchanges. No single stakeholder group should dominate these oversight bodies. Consumer representatives selected by their peers should participate as full voting members. **Financing:** Revisit after reviewing finance workgroup reccs. **Next steps:** Review draft reccs.	October 23 meeting November 6 meeting **Cancel 10/23 mtg?**

Charge	Status	Discussion Date (proposed)
REVIEW SECOND (FULL) DRAFT OF eHEALTH ACTION PLAN (VIA EMAIL NOV. 7-10)		
10. Submit final draft to eHealth Board		November 14
11. Final Action Plan submitted to Governor		December 1

Issues for discussion: (1) Additional research needs; **(2)** Additional consumer involvement; **(3)** Crossover with HISPC (Privacy Project)